



Council Appointment Application

City of Fredericksburg, Virginia

Authority/Board/Commission/Committee

Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Are you a City of Fredericksburg resident? ☐ Yes ☐ No E-mail: _____

Occupation: _____ Fax: _____

Employer's Name/Address: _____

Education: _____

Community Service/Volunteer Experience: _____

Areas of Interest: _____

Current and/or past membership on any authority, board, commission, or committee: _____

Provide a brief narrative outlining your reasons for seeking appointment: _____

Signature _____ Date: _____

Please return your completed application to the City Clerk/Clerk of Council, Room 208, City Hall, 715 Princess Anne Street, for processing and filing. A résumé and/or additional information may be submitted with this form.

Deborah H. Naggs, CMC
City Clerk/Clerk of Council
Mailing Address: P.O. Box 7447, Fredericksburg, VA 22404-7447
Office Phone: (540) 372-1010 Fax: (540) 372-6412